

REQUEST FOR TASK ORDER PROPOSAL
INFORMATION AND COMMUNICATION SERVICES (ICS)
NIH CONTRACTS #263-01-D-0148 THROUGH 0208

RFTOP# 26 **TITLE: National Sudden Infant Death Syndrome/Infant Death Resource Center (NSIDRC)**

INCUMBENT CONTRACTOR: Circle Solutions, Inc., since 1984, historical annual effort approximately \$250,000

PART I – REQUEST FOR TASK ORDER PROPOSALS (RFTOP)

A. **POINT OF CONTACT:** Keith Kennedy

Phone: 301.443.5352

Fax: 301.443.6038

Email: kkennedy@hrsa.gov

B. **PROPOSAL AND BILLING ADDRESS:**

Health Resources & Services Administration
Division of Grants and Procurement Management
Contracts Operations Branch
Keith Kennedy, Contract Specialist
5600 Fishers Ln., Rm. 13A-19
Rockville, MD 20857

C. **PAYMENT ADDRESS:**

Department of Health and Human Services
PSC/Financial Management Services
5600 Fishers Ln, Rm. 16A-12
Rockville, MD 20857
Phone: 301.443.3016

D. **PROPOSED PERIOD OF PERFORMANCE:** one (1) twelve (12) mo. base period plus four unilateral one-year options, beginning from date of award

E. **PRICING METHOD:** Cost Plus Fixed Fee

F. **PROPOSAL INSTRUCTIONS:**

Submit any questions in writing or via FAX or e-mail to Keith Kennedy no later than 4:00 p.m. Eastern Daylight Time, on August 7, 2001, to the above addresses. The Contracting Officer will not consider questions after that date.

An official authorized to bind your firm must submit five signed copies of your proposal to the above address. We shall not accept FAX or e-mail proposals. See below for directions on format and general content of proposals.

1. General

- a. The following instructions establish the acceptable minimum requirements for the format and content of proposals. Please submit technical and business proposals in accordance with these instructions. Respond with technical and cost proposals for the entire period of performance. Submit a separate cost proposal not only for each year of the proposed five-year project, but also a cumulative cost proposal for the entire project.
- b. Any resultant contract will include the general provisions applicable to the selected offeror's organization and type of contract awarded. Copies of general provisions may be obtained by contacting the NIH Contracting Officer. Any additional clauses required by public law, executive order, or acquisition regulations, in effect at the time of execution of the proposed contract, will be included.
- c. The proposal must be prepared in two parts: a "Technical Proposal" and a "Business Proposal." Each of the parts shall be separate and complete so that evaluation of one may be accomplished independently of evaluation of the other. The technical proposal must not contain reference to cost; however, resource information, such as data concerning labor hours and categories, materials, and subcontracts must be contained in the technical proposal so that your understanding of the scope of the work may be evaluated. It must disclose your technical approach in sufficient detail to provide a clear and concise presentation that includes, but is not limited to, the requirements of the technical proposal instructions.
- d. You may submit alternate proposals, or proposals which deviate from the requirements; however, you must also submit a proposal for performance of the work as specified in the statement of work. These proposals may be considered if overall performance would be improved or not compromised, and if they are in the best interest

of the Government. Clearly identify alternate proposals, or deviations from any requirements of this RFTOP.

e. The Government will evaluate proposals in accordance with the evaluation criteria set forth below on page 19.

f. Your proposal(s) will become part of the official contract file.

g. The RFTOP does not commit the Government to pay any of the cost for the preparation and submission of a proposal. The Contracting Officer is the only individual who can legally commit the Government to the expenditure of public funds in connection with this proposed acquisition.

2. Technical Proposal Instructions

a. The Government will not consider proposals, which merely offer to conduct a program in accordance with the requirement of the Government's scope of work. Submit an explanation of the proposed technical approach with the proposed tasks to achieve the project objectives. However, limit your technical proposals to no more than 40 pages.

b. Submit a detailed work plan indicating how you will accomplish each aspect of the statement of work. Your technical approach should contain sufficient detail to fully explain your proposed technical approach or method. The technical proposal should reflect a clear understanding of the nature of the proposed work.

c. The technical proposal must include information on project organization, staffing, and management. Demonstrate your understanding and management of important events or tasks. Explain how you will accomplish management and coordination of consultant and/or subcontractor efforts.

d. The technical proposal must include a list of names and proposed duties of the professional personnel, consultants, and key subcontractor employees assigned to the project. Include their resumes, which should display information on education, background, recent experience, and specific scientific or technical accomplishments. Allocate proposed staff hours for each of these individuals against each project task or subtask.

e. The technical proposal must provide the general background, experience, and qualifications of the organization. Include similar or related contracts, subcontracts, or grants. Specify the name of the customer, contract or grant number, dollar amount, time of performance, and the names and telephone numbers of the project officer and contracting/grants officer.

f. The technical proposal must contain a discussion of current or proposed facilities and equipment, which you will use in contract performance.

g. To facilitate the evaluation of the proposal, submit materials in two separate proposals: 1) the business proposal; and 2) the technical proposal. However, include **unpriced** details of labor hours, travel and other direct costs in the technical proposal.

h. Specifically, organize the data and information in the technical proposal according to the following requirements:

Technical Requirements

- A tailored statement of the purpose, scope, and problems of the project to demonstrate complete understanding of the intent, requirements, and difficulty of the project.
- A detailed description of the content of each task and sub-task to achieve the project objectives. Relevant issues and variables stemming from the scope of work should be discussed.
- A discussion of the methodology to be used for individual tasks or sub-tasks and scheduling of time and persons.
- A discussion of anticipated major problem areas, together with potential approaches for their solution.

Personnel Qualifications

Specify labor types, mix and level of effort for any who will timely accomplish each specified task, including their essential knowledge, skills and abilities. Provide resumes and indicate the positions which persons within the organization will occupy for this project and their key functions.

Prior Organizational Experience

Document past efforts providing information services, education and technical support on SIDS/ID and related topics to those interested in such information or support

3. Business Proposal Instructions

The offeror's business proposal shall consist of cost and pricing information plus administrative and management data.

a. Cost and Pricing Data

Submit cost proposals fully supported by cost and pricing information to enable the Government to accomplish a complete cost analysis to establish the reasonableness of proposed costs. Prepare your cost and pricing information in a format that most readily enables us to analyze proposed costs. However, content should include:

i. Cost itemization for individual elements, such as analytical studies and reports. Provide the following detail as part of the cost proposal in addition to any other requirements for cost detail we require in this RFTOP.

(1) For labor estimates, the current hourly or annual rates should be shown and the dates and periods to which any rate increases apply should be shown.

-- To verify proposed annual and hourly rates, provide copies of actual payroll records for those individuals identified as direct labor. Otherwise, the Chief Financial Officer, Controller, or primary individual in charge of accounting/finance may provide a **separate** letter, as part of the business proposal, identifying and certifying the proposed rates.

-- For proposed labor rate increases, provide the rationale for the proposed increases. Provide a statement or analysis explaining your organization's historical salary increases.

(2) If your organization does not have an established indirect cost rate, submit supporting information for any quoted rate.

(3) If travel is proposed, show the contemplated itineraries, method of travel, and period of travel, when possible. **Indicate whether the estimated costs include such offsets as cash discounts, trade discounts, rebates, or allowances.** Identify any pre-existing relationship with a travel agency used to provide the estimates.

(4) Explain the basis for estimates for material, supplies, and equipment.

- ii. Estimated cost itemization of each phase or segment of the offered performance.
- iii. If we authorize performance of the project by phases or a group of phases, the extent to which we may sever these phases together with the effect, if any, of such severance upon the estimated cost.

b. Administrative and Management Data

- i. At a minimum, submit the following information in sufficient detail to allow a complete analysis of the your management capabilities and responsibility.

- (1) Financial capability to perform the scope of work.
- (2) Capability to meet delivery or performance schedules.
- (3) Possession of necessary organization, experience, and technical skills to perform the work, or the ability to obtain them.
- (4) Possession of required facilities.
- (5) Copy of any current agreement on indirect cost rates.
- (6) Discussion on the extent of proposed subcontracting with small and disadvantaged business enterprises.

- ii Your proposal must stipulate that it is predicated upon all the terms and conditions of this RFTOP. In addition, it must contain a statement to the effect that it is firm for a period of at least ninety (90) days from the date we receive it.

- iii. It is HHS policy that contractors provide all equipment and facilities necessary for performance of contracts; however, in some instances, we may grant an exception to furnish Government-owned property or to authorize purchase with contract funds. If you must acquire additional equipment, you must include in your proposal the description and estimated cost of each item, and whether you propose to furnish the item with your own funds.

- iv. Identify all Government-owned property in your possession and all property acquired from Federal funds, to which you have title, that you propose to use to perform this prospective contract.

- v. Manage and control Government property in accordance with HHS Publication (OS) 74-115 entitled, "Control of Property in Possession of Contractors." We will provide a copy upon request.

vi. To determine your financial capability, provide the following:

-- If applicable, the point of contact, name and address of the cognizant Government audit agency.

-- Copy of the most recent **audited financial statements**.

-- Copy of the most recent audit conducted in accordance with OMB A-110, A-133 or OMB A-21, as applicable.

-- Identify any Lines-of-Credit and amounts established with lending institutions.

vii. We may request other pertinent business and administrative information if the information is considered necessary to evaluate your proposal.

G. RESPONSE DUE DATE:

Submit proposals at the above address on August 20, 2001, no later than 4:00PM EDT. Allow sufficient time to gain entry to the Contracting Office, because the Government controls access to this facility.

H. TASK DESCRIPTION:

National Sudden Infant Death Syndrome/Infant Death Resource Center (NSIDRC)

1. Purpose:

The purpose of this five-year contract is to fund the NSIDRC, which will provide information services, education and technical support on SIDS/ID and related topics to those interested in such information or support

2. Background:

Sudden Infant Death (SIDS) is the major killer of infants between the ages of one month and one year, even accounting for the fact that SIDS rates have dropped approximately 40% since 1994 with the advent of the National Back to Sleep Campaign. At this time, most researchers are still unclear about its causes. The sudden occurrence of the tragedy makes a SIDS death especially difficult, leaving a great sense of loss and a need for understanding.

The Federal Government identified Sudden Infant Death Syndrome as a cause worthy of special attention through several pieces of legislation, including the Sudden infant Death Syndrome Act of 1974. This act fixed the responsibility for SIDS research upon the National Institute of Child Health and Human Development and designated the establishment of counseling programs through the Office of Maternal and Child Health (now the Maternal and Child Health Bureau). Public Law 96-142, enacted in 1979, established a national clearinghouse for the dissemination of information on SIDS to health care professionals, community service personnel, SIDS parents, and the general public.

Pursuant to the congressional mandate, The National Sudden Infant Death Syndrome Clearinghouse (now the SIDS Resource Center) has provided information services, educational materials, and technical assistance to those touched in some way by an infant death. Because the knowledge of SIDS is minimal and sometimes hard to find, sharing information is one important way to promote understanding of SIDS and provide comfort to those affected by SIDS or other infant death.

Parents search for information, often at great lengths, as they struggle, with resolving the tragedy of an infant death and the guilt feelings caused by such a death. Information and resources provided by the Center have helped these parents as well as research scientists, policy and program administrators, bereavement counselors, emergency medical personnel, and legislators. Researchers use information to fill in the gaps and develop new research ideas. Professionals and peer counselors use information to advise families and develop training materials to educate others. Administrators use it to change or establish policies and procedures.

In the mid-nineties, MCHB, recognizing the value of bereavement and other SIDS services to all families who experienced an infant loss, began to shift its emphasis from SIDS specific services to a broader model which addressed other infant deaths as well as

SIDS deaths. The Center has also broadened its efforts to address other infant death issues in keeping with the MCHB philosophy.

An invitational meeting was held on March 16, 2000 titled, "Other Infant Death - An Evolution of SIDS Programs: A State/Local SIDS and Infant Death Program Perspective". A summary of the report's recommendations include:

1. Provide bereavement support services to families whose infant is 20 weeks gestation through two years of age;
2. Include case management, bereavement support, home visiting, information and referral and risk reduction as core services;

3. Assure a broad based and culturally competent support and risk reduction service system;

4. Institute training programs for the adaptive and technical changes created by program expansion;

5. Develop a quantitative and qualitative evaluation system to measure the efficacy of risk reduction and bereavement services; and

6. Demonstrate federal leadership by funding interagency collaboration and reinforcement of the state's role in bereavement support and risk reduction activities.

The existing National SIDS Resource Center maintains the following SIDS Databases:

Public Awareness or Technical Database - A national repository of well over 4,000 records representing research, commentary, and technical information on SIDS/ID and SIDS/ID-related topics. Over 50 % of the records in this data base represent journal articles with editorials; books and book chapters; conference proceedings, papers and technical reports making up the other approximate 50%.

MCHB-Supported Program Materials - (Sub-part of Public Awareness Data Base) Summaries of the grants funded from MCHB's Specials Projects of Regional and National Significance (SPRANS) addressing SIDS/ID issues are collected, indexed, stored, and, if thought necessary, expanded through contact with the grantee.

SIDS/ID Organizations Data Base - Maintains current and accurate information on SIDS/ID and SIDS/ID-related organizations worldwide for staff reference, for use in publications, and as the sole source of information for the Directory of State SIDS Organizations.

Mailing List - This database consists of approximately 1,800 individuals and groups that serves as an NSRC/MCHB distribution channel. The database helps MCHB increase its sphere of influence, expand its constituency, and facilitate, interaction and networking among its constituency.

The MCHB maintains the Title V Information System Data Base with information about SIDS/ID programs as described below:

Title V Information System - Electronically captures data from annual Title V Block Grant applications and reports submitted by all 59 U.S. states, territories, and jurisdictions and provides key measures of maternal and child health in the United States.

Data is available in different aggregations including by state; by DHHS Region and nationally. Maintained on web site <http://www.mchdata.net>.

Relevant SIDS (post-neonatal) and infant death (neonatal/post neonatal) data/information are listed in the Title V Information System under the following categories:

- 1) Financial Data - Displays how federal and state dollars are allocated to women, children, and Title V programs;
- 2) Program Data - Provides quantitative data on the reach of Title V programs across different populations;
- 3) National Core Measures - Reports on the progress of each state's achievement of MCHB's established eighteen National Core Performance Measures and six Outcome Measures. (listed on web site);
- 4) State Negotiated Measures - Additional priority areas identified by each state and;
- 5) Summary Reports - State block grant profiles and information on issues affecting women, children and infants and;
- 6) Previous Year's Data - Data submitted by states for their 1997/1999 annual Block Grant reports and applications.

Several MCHB sponsored or supported efforts also address SIDS/ID issues including:

The National Center for Cultural Competency SIDS/ID Component (NCCC-SIDS/ID) The Center is located at the Georgetown University Child Development Center in Washington, D.C. and is currently focusing on the following five issues:

- 1) Building capacity through targeted technical assistance to selected state and local demonstration sites;
- 2) Fostering and expanding partnerships to address the need for research to incorporate culturally competent and participatory action designs to address disparities in infant mortality;
- 3) Providing technical consultation to the SIDS/ID community via toll-free phone line, email and correspondence;
- 4) Disseminating information and knowledge developed or identified by NCCC to inform SIDS/ID and MCH communities of salient issues to cultural and linguistic competence; and

5) Conducting networking among federal agencies to address disparities in infant mortality through the NCCC Advisory and Executive Committees.

The National SIDS/ID Program Support Center (NSIDPSC) - This center operates a cooperative agreement between the SIDS Alliance and MCHB and is located in Baltimore, MD. It currently:

- 1) supports programs at the local, state, regional, and national levels to develop community based services for bereavement support and the reduction of SIDS/ID;
- 2) supports programs to provide appropriate SIDS/ID related training to medical staff, first responders, police, funeral directors, and others;
- 3) assists in improving services to under-served populations including certain racial and ethnic minorities, rural populations, newly migrant groups and others as needed;
- 4) fosters collaboration among state and local infant/child death review programs; and
- 5) addresses other SIDS/ID issues concerning data; evaluation, diagnosis, and technology.

Specific NSIDPSC accomplishments addressing SIDS/ID risk reduction include publication and distribution of pamphlets titled, “Safe Sleep for My Grand Baby” and “Sudden Infant Death and the Child Care Provider”. NSIDPSC also has responsibility for an ongoing campaign to reduce the incidence of SIDS in African American Communities. The campaign is a community based outreach program engaging several prominent African American organizations such as, Alpha Kappa Alpha Sorority Inc. and the National Coalition of 100 Black Women to support community based African American targeted SIDS/ID risk reduction campaigns.

The Association of SIDS and Infant Mortality (ASIP) – This organization promotes programs of counseling, education, advocacy, and research to ensure a supportive community response to those affected by infant and child death and to reduce the risk for future children. More specialty ASIP activities include:

- 1) formulation of professional and program standards;
- 2) providing training to various groups to assure a supportive response following an infant or child death;
- 3) support research activities;

4) provide consultation and technical assistance; and secure grants for programs of national significance to assure quality services at all levels.

3. Scope of Work

The contractor will develop and disseminate materials in accordance with publication guidelines of the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), Department of Health and Human Services, and as described in the following tasks:

Task 1. Advisory Committee

Develop an advisory committee consisting of one member from each of the following organizations: the National Center for Cultural Competence - SIDS/ID Initiative; the National Institute of Child Health and Human Development; the NSIDPSC and the Association of SIDS and Infant Mortality Programs. The purpose of the advisory committee is to assist in identifying topics for materials development and review draft documents as requested. The contractor will prepare and distribute an agenda and provide appropriate background materials as well as copies of minutes of the meeting. The minutes will be sent to advisory board members for their review and concurrence. Amended minutes will be prepared as necessary. The advisory committee shall meet twice a year via conference call initiated by the contractor, except for those members who need no travel reimbursement from the contractor. These members may meet at the contractor's office or participate by phone at their discretion. The contractor shall provide the Project Officer a report addressing issues discussed for each advisory committee meeting.

Task 2.a. Maintain a Core Library and Reference Collection

The collection is to consist of SIDS/ID relevant books, articles, miscellaneous reports, congressional reports; SIDS research studies; selected audio visual items, numerous specialized subject files; circulating periodicals and newsletters, reference materials and database holdings. Provide the Project Officer by E-mail with two to three items every two weeks from the core library and reference collection that would be news worthy to MCHB state/local SIDS/ID programs for posting on the MCHB to SIDS/ID list serve.

Task 2.b. Progress Reports - Core Library and Reference Collection

Report on this activity in each 4 month progress report as relevant activities occur and prepare a cumulative final report with the year end report.

Task 3.a. Provide Information and Technical Assistance:

Respond to approximately 150 - 200 telephone, mail, and e-mail requests per month and provide assistance, information, and referrals about SIDS/ID to health care professionals, policymakers, and State, regional, and community-based agencies and organizations, SIDS/ID parents and family members, and the general public. Transfer or refer requests for printed materials to the HRSA Information Center (HIC) for their response.

Task 3.b. Progress Reports - Information and Technical Assistance

Report on this activity in each 4 month progress report as relevant activities occur and prepare a cumulative final report with the year end report.

Task 4.a. Publications Inventory

In cooperation with the HIC maintain and distribute a publications inventory of SIDS/ID and SIDS-related materials, using an inventory control system. Tabulate publications distributed and identify items in the inventory for reordering and reprinting.

Task 4.b. Progress Reports - Publications Inventory

Report on this activity in each 4 month progress report as relevant activities occur and prepare a cumulative final report with the year end report.

Task 5.a. Research Bibliography and Customized Searches

Maintain a printed research bibliography on SIDS/ID issues and perform approximately 300 customized searches per year for information from the computerized data base.

Task 5.b. Progress Reports - Research Bibliography and Customized Searches

Report on this activity in each 4 month progress report as relevant activities occur and prepare a cumulative final report with the year end report.

Task 6.a. Consumer and Professional Education Materials

Periodically produce at least six professional and consumer education materials per year on SIDS/Infant Death and related issues such as grief and bereavement and risk reduction in fact sheets, newsletters (*publish at least two per year*), brochures and other documents.

At least two of the materials will address SIDS and Other Infant Deaths. The Advisory Committee should make recommendations on specific topics for materials. Draft Materials to be provided to the advisory committee for their review and comments. Prepare final documents after consideration comments received and Project Officer concurrence. Provide camera-ready copies to the Project Officer for reproduction by the

Government Printing Office.

6.b. Progress Reports - Consumer and Professional Education Materials

Report on this activity in each 4 month progress report as relevant activities occur and prepare a cumulative final report with the year end report.

Task 7a. Maintain SIDS/ID Databases

In addition to the functions listed under purpose, the SIDRC maintains the SIDS/ID Databases of Technical Literature/Public Awareness Materials and submits listings from these databases to the Child Health Information Database. The SIDRC also maintains MCHB-Support Program Materials (SPRANS Reports and Products, and SIDS-related organizations). They maintain a list of over 250 SIDS/ID organizations, which includes the organizations' products and activities on the bibliographic database; maintains and updates the SIDS/ID Organizations list; and maintains and updates the SIDS/ID Mailing List which currently has over 1800 entries.

Task 7.b. Progress Report - Maintain SIDS/ID Databases

Report on this activity in each 4 month progress report as relevant activities occur and prepare a cumulative final report with the year end report. Provide a copy of the database(s) to Project Officer as requested.

Task 8.a. Title V Information System - SIDS/ID

Prepare an annual report using the Title V Information System (www.mchbdata.net) on State and National SIDS/ID related activities including the incidence of SIDS/ID; breakdown of the incidence of SIDS/ID by the demographic variables available; risk reduction factors and other information as appropriate. Relate findings to MCHB's established performance and outcome measures as feasible. Submit a draft outline of the report and a draft copy of the report to the Project Officer for review, comment, and approval.

Task 8.b. Progress Report - Title V Information System SIDS/ID

Report on this activity in each 4 month progress report as relevant activities occur and prepare a cumulative final report with the year end report.

Task 9.a. SIDS/ID Videos

Search, collect and screen, with the assistance of a review team, SIDS/ID and related videos available to the public. The review team shall consist of up to three members who are mutually agreed to by the Project Director and Project Officer. The review team will assist in searching for and screening videos for their adequacy to recommend distribution. Develop an inventory of videos found acceptable for distribution to the SIDS/ID community. Provide a copy of the draft inventory as well as any videos requested to the Advisory Committee for their review and comment. Respond to their issues and comments and develop a consensus agreement as to which videos are recommended. Work with the project officer and the HRSA Information Center (HIC) in developing a cost reimbursement program for those videos found acceptable to share. Keep a copy of each video on file and advertise the videos which are available from the HIC.

Task 9.b. Progress Reports - SIDS/ID Videos

Report on this activity in each 4 month progress report as relevant activities occur and prepare a cumulative final report with the year end report.

Task 10.a. Publications

Develop a draft and final strategy/options paper concerning the feasibility of assisting SIDS/ID State and local programs obtain needed numbers of publications within NSIDRC and HIC budget constraints. Solicit the review and comments on the draft document by the Advisory Committee and make changes with due consideration given to the advisory committee's recommendations.

Task 10.b. Report – Publications

Update this report annually describing the success or problems with any efforts to date and/or recommended changes in light of changing technology, activities of other SIDS/ID organization, or other significant occurrences.

Task 11.a. SIDS/ID Web Site; Toll Free Phone Line; and e-mail

Maintain a web site of SIDS/ID materials including the Center's various reports. The web site is to be regularly updated and linked to other SIDS/ID Web Sites, including the SIDS/ID Support Centers, the MCHB SIDS/ID Web Site(when developed), as well as the HRSA and HIC Web sites and other sites as mutually agreed to. Maintain and promote the use of a toll free phone line for constituents' easy access to the NSIDRC. In addition, maintain an e-mail capability to electronically communicate with users of the Center.

Task 11.b. Progress Report - SIDS/ID Web Site; Toll Free Phone Line; and e-mail

Report on this activity in each 4 month progress report as relevant activities occur and prepare a cumulative final report with the year end report.

Task 12.a. Exhibits and Conferences

Provide and distribute appropriate materials from the Center's publication list and display the SIDS/ID exhibit at selected conferences. Attend approximately six conferences per year, three in the Washington, D.C. area and three outside of the Washington, D.C. area. One SIDRC staff to attend each conference.

The Center will store and ship/transport the exhibit as needed. The SIDS/ID display is a portable table top exhibit which weighs approximately 65 pounds, fits in a case measuring approximately five feet by eighteen inches in diameter. The case is on wheels for easy movement. When feasible arrange to share exhibit space with other partner organizations who can distribute NSIDRC literature at events that NSIDRC cannot attend. Reciprocate when possible. Update the SIDS/ID "handout" when necessary (approximately two or three times over five years) to reflect changes in program functions, staff changes and other pertinent information. Provide photo ready copy to Project Officer to submit to GPO for printing.

Task 12.b. Annual Report - - Exhibits and Conferences

Prepare an annual list, included in the annual management plan, of the meetings, conferences, events that NSIDRC plans to attend or to display information. Submit to Project Officer for approval.

Task 12.c. Progress Report - Exhibits and Conferences

Report on this activity in each 4 month progress report as relevant activities occur and prepare a cumulative final report with the year end report.

Task 13.a. Meetings and Advisory Committees

Have one staff member attend and participate in at least 6-7 advisory committees, task forces, steering committees and other events within the Washington, DC metropolitan area or conducted via telephone.

Task 13.b. Progress Report - Meetings and Advisory Committee

Provide the Project Officer with a written summary report of the meeting within ten business days after the meeting. Also, report on this activity in each 4 month progress report as relevant activities occur and prepare a cumulative final report with the year end report.

The Government expects that the scope and complexity of this requirement for each of the five years will likely remain stable.

END OF WORK STATEMENT

J. FURNISHED ARTICLES OR SERVICES/DELIVERY SCHEDULE

ITEM DESCRIPTION	QUANTITY	DELIVERY
1. Post Award Meeting		1 week after

		award of contract
2. Management Plan for coming year	five	3 weeks after post award meeting.
3. Tentative list of advisory board members & proposed scheduled meeting (two)	five	4 weeks after post award meeting
4. Finalize list of Advisory Board and schedule of meetings		6 weeks after post award meeting.
5. Convene two Advisory Board meetings according to schedule		Unknown
6. Meet Project Officer, report activities with contents as specified in Description of Tasks and other information as appropriate	five	Every four mo.
7. Maintain core library & reference collection & provide Project Officer with 2-3 items for posting on the MCHB to state list serve		Ongoing/ every 2 weeks
8. Provide information and technical assistance		Ongoing
9. Maintain publications inventory		Ongoing
10. Maintain a printed research bibliography on SIDS/ID and perform approximately 400 customized searches for information each year		Ongoing
11. Produce consumer & professional education materials		Ongoing
12. Maintain the SIDS/ID databases of Technical Literature/Public Awareness; MCHB Program Support Materials; Lists of		Ongoing

SIDS/ID organizations; the bibliographic data base; the SIDS/ID organization data base and the SIDS/ID mailing list.

13-A. Submit draft outline for the annual SIDS/ID report from Title V Information System for the review and comments of the Project Officer and Advisory Committee.		TBD
13-B. Prepare and submit to project officer and advisory committee a draft SIDS/ID report from the Title V Information System according to approved outline for their review and comments		TBD
13-C. Prepare final report on SIDS/ID from the Title V Information System	Six	TBD
14. Cost Reimbursement for Videos		Ongoing
15. Brochures/ Fact Sheets		Ongoing
16-A.Draft Publications Strategy Paper		3 months after award of contract
16-B. Address Advisory Committee comments on Publications Strategy Paper		4 months after award of contract
16-C. Publications Strategy Paper		5 months after award of contract
17. SIDS/ID Web Site, toll free phone, and E-mail		Ongoing
18. Exhibits and Conferences		Ongoing
19. Meetings and Advisory Committees		Ongoing
20. Prepare and submit progress and other reports within the time frames listed under the tasks of Section B., Scope of Work		Ongoing

K. EVALUATION FACTORS

The proposal will be evaluated using the following criteria and weights as they relate to the content of the corresponding paragraphs of the technical proposal instructions.

Evaluation Criteria

Technical excellence is of slightly greater importance than both personnel qualifications and SIDS/ID organizational experience/expertise. Personnel qualifications and SIDS/ID Organizational experience/expertise are of equal importance.

Technical Requirements

- Clarity of material and presentation of tasks to be performed
- Description of methodologies to be used in conducting the work
- Understanding of problems to be overcome and proposed solutions

Personnel Qualifications

Proposed labor types, mix and level of effort for any who will timely accomplish each specified task, including their essential knowledge, skills and abilities. Proposed resumes and positions which persons within the organization will occupy for this project and their key functions.

SIDS/ID Organizational experience/expertise

Demonstrated past efforts providing information services, education and technical support on SIDS/ID and related topics to those interested in such information or support

The Government may award this contract to the responsible offeror whose proposal, conforming to the solicitation, will be most advantageous to the Government, with paramount consideration being given to the evaluation of the technical proposal rather than cost or price.

FAR 52.217.5 Evaluation of Options

Jul 1990

Except when it is determined in accordance with FAR 17.206(b) not to be in the Government's best interests, the Government will evaluate offers for award purposes by adding the total price for all options to the total price for the basic requirement. Evaluation of options will not obligate the Government to exercise the option(s).

**RFTOP# 26 TITLE: National Sudden Infant Death
Syndrome/Infant Death Resource Center (NSIDRC)**

PART II - CONTRACTOR'S REPLY

CONTRACT #263-01-D-0_____ TO # ICS-_____

Contractor:

Points of Contact Name:

Phone-

Fax-

E-mail

Address:

TOTAL ESTIMATED COST:

Base year _____

Option Yr. 3 _____

Option Yr. 1 _____

Option Yr. 4 _____

Option Yr. 2 _____

Pricing Method:

TOTAL ESTIMATED NUMBER OF HOURS:

PROPOSED COMPLETION DATE:

FOR THE

CONTRACTOR:_____

Signature

Date

SOURCE SELECTION:

WE HAVE REVIEWED ALL SUBMITTED PROPOSALS HAVE DETERMINED THIS FIRM
SUBMITTED THE BEST OVERALL PROPOSAL. THE PRICE/COST IS REASONABLE.

Billing Reference # _____

Appropriations Data: _____

(ATTACH OBLIGATING DOCUMENT IF AN ROC WILL NOT BE USED.)

RECOMMENDED: _____

FAX #

Signature - Project Officer

Date

APPROVED: _____

FAX #

Signature - Contracting Officer

Date

NIH APPROVAL -

CONTRACTOR SHALL NOT EXCEED THE ESTIMATED LABOR HOURS OR ESTIMATED TASK ORDER AMOUNT
WITHOUT THE WRITTEN APPROVAL OF THE CONTRACTING OFFICER & ICS COORDINATOR

APPROVED: _____

Signature –Anthony M. Revenis, J.D., NIH-ICS Coordinator

Date